

**CALIFORNIA DEPARTMENT OF INSURANCE**

CONSUMER SERVICES AND MARKET CONDUCT BRANCH

CONSUMER SERVICES DIVISION

300 SOUTH SPRING STREET, SOUTH TOWER

LOS ANGELES, CA 90013

**REQUEST FOR ASSISTANCE**

NAME \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

Before you file a complaint with the Department of Insurance, you should first contact the insurance company, agent or broker in an effort to resolve the issue(s). If you do not receive a satisfactory response, then complete this form, attach copies of any important papers that relate to your complaint. Please mail your completed form to the address shown above.

I understand that a copy of this Request for Assistance may be provided to the insurance company, agent or broker unless you indicate that you do not want a copy of your correspondence forwarded by checking the box.

\_\_\_\_ Please do NOT forward my request.

1. Complete name of insurance company involved:

2. Type of Insurance:      Auto      Home      Life      Health      Other \_\_\_\_\_

3. (a) Name of policyholder if different from your name:

(b) If a group policy, provide the group name:

4. Policy identification or certificate number:

5. Claim number (if applicable):

6. Date loss occurred or began (if applicable):

7. Name of agent or broker (if applicable):

Agent or broker license number:

Street address:

City, state, Zip:

8. Have you contacted the company, agent or broker?      Yes      No

If yes, indicate the date(s) and person(s) contacted:

9. Have you reported this to any other government agency?      Yes      No

If yes, please give:

Name of agency:

File/Case number, if known:

10. Have you previously written to the Department of Insurance about this matter?

Yes      No      File/Case number (if available)      Date:

11. Is there attorney representation in this matter?      Yes      No

If yes, do not file this Request for Assistance until this matter has been settled.

12. Is a lawsuit currently on-going or pending?      Yes      No

If yes, then do not file this Request for Assistance until the lawsuit is concluded or settled. We can assist you only after the court action is concluded or settled.

13. Briefly, describe your problem:

14. What do you consider to be a fair resolution to your problem?

Signature:

Date: